

DECLARATION AND POWER OF ATTORNEY

As a below-named inventor, I hereby declare that my residence, post office address and citizenship are as stated below next to my name; I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention (Design, if applicable) entitled:

ADAPTOR FOR A TOOL

the specification of which is attached hereto unless one of the following boxes is checked:

- ☒ was filed on October 6, 2006 as U.S. Patent Application No. 10/599,712
☒ was filed on April 6, 2005 as International Application (PCT) No. PCT/IB2005/000888, and
 was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above. I acknowledge the duty to disclose all information which is material to the patentability of this application in accordance with *Title 37, Code of Federal Regulations, § 1.56*. I hereby claim foreign priority benefits under *Title 35, United States Code § 119* of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which the priority is claimed.

PRIOR FOREIGN APPLICATION(S)

NUMBER	COUNTRY	DAY/MONTH/YEAR FILED	PRIORITY CLAIMED
2004901855	AU	April 6, 2004	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2004902763	AU	May 24, 2004	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

I hereby claim the benefit under *Title 35, United States Code, § 120* of any United States application(s) or PCT international application(s) designating The United States of America listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of *Title 35, United States Code, § 112*, I acknowledge the duty to disclose material information as defined in *Title 37, Code of Federal Regulations, § 1.56* which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:

APPLICATION NUMBER	FILING DATE	STATUS (Patented, Pending or Abandoned)
PCT/IB05/000888	April 6, 2005	Published: WO 2005/099060

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine, or imprisonment, or both, under *Section 1001 of Title 18 of the United States Code*, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

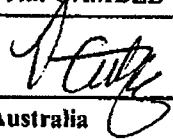
POWER OF ATTORNEY: I (We) hereby appoint as my (our) attorneys all practitioners associated with customer number 33712, with full powers of substitution and revocation, to prosecute this application and transact all business in the Patent and Trademark Office.

Send correspondence to: **LOWE HAUPTMAN & BERNER, LLP**
CUSTOMER NO. 33712
 1700 Diagonal Road, Suite 300
 Alexandria, Virginia 22314

TELEPHONE CALLS TO:
Benjamin J. Hauptman
 (703) 684-1111

I hereby authorize the U.S. attorneys and agents named herein to accept and follow instructions from **Illinois Tool Works Inc.** to any actions to be taken in the U.S. Patent and Trademark Office regarding this application without direct communication between the U.S. attorneys and the undersigned. In the event of a change in the person(s) from whom instructions may be taken, the U.S. attorneys will be so notified by the undersigned.

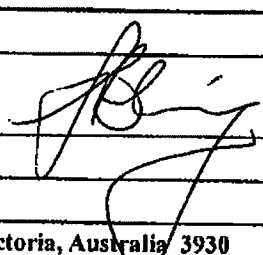
☒ See following page(s) for additional joint inventors.

Full name of sole or first inventor: Tim GAMBLE	
Inventor's signature: 	Date: 5-7-07
Residence: Viewbank, Victoria, Australia	
Citizenship: GB	
Post Office Address: 42 Sherlowe Cres, Viewbank, Victoria, Australia 3084	

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Full Name of Second Inventor: Andrew CRAWFORD	
Inventor's signature:	Date:
Residence: Hoppers Crossing, Victoria, Australia	
Citizenship: AU	
Post Office Address: 33 Kingston Road, Hoppers Crossing, Australia 3029	

Full Name of Third Inventor: Fred BLOCHLINGER	
Inventor's signature: 	Date: 4/7/07
Residence: Mt. Eliza, Victoria, Australia	
Citizenship: AU	
Post Office Address: 2 Rendlesham Ave., Mt. Eliza, Victoria, Australia 3930	

Full Name of Fourth Inventor:	
Inventor's signature:	Date:
Residence:	
Citizenship:	
Post Office Address:	

Full Name of Fifth Inventor:	
Inventor's signature:	Date:
Residence:	
Citizenship:	
Post Office Address:	

Full Name of Sixth Inventor:	
Inventor's signature:	Date:
Residence:	
Citizenship:	
Post Office Address:	

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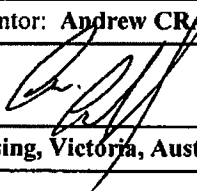
I hereby authorize the U.S. attorneys and agents named herein to accept and follow instructions from Illinois Tool Works Inc. to any actions to be taken in the U.S. Patent and Trademark Office regarding this application without direct communication between the U.S. attorneys and the undersigned. In the event of a change in the person(s) from whom instructions may be taken, the U.S. attorneys will be so notified by the undersigned.

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Inventor's signature: 	Date: 9 July 2007
Residence: Hoppers Crossing, Victoria, Australia	
Citizenship: AU	
Post Office Address: 33 Kingston Road, Hoppers Crossing, Australia 3029	

Full Name of Third Inventor: Fred BLOCHLINGER	
Inventor's signature:	Date:
Residence: Mt. Eliza, Victoria, Australia	
Citizenship: AU	
Post Office Address: 2 Rendlesham Ave., Mt. Eliza, Victoria, Australia 3930	

Full Name of Fourth Inventor:	
Inventor's signature:	Date:
Residence:	
Citizenship:	
Post Office Address:	

Full Name of Fifth Inventor:	
Inventor's signature:	Date:
Residence:	
Citizenship:	
Post Office Address:	

Full Name of Sixth Inventor:	
Inventor's signature:	Date:
Residence:	
Citizenship:	
Post Office Address:	